

C. National Performance Measures

National Performance Measures Summary Sheet (Figure 4a)	Pyramid Level of Service			
	DHC	ES	PBS	IB
<p>1) The percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State.</p> <ul style="list-style-type: none"> i. Mandatory screening of all Wisconsin births for 26 congenital disorders. ii. Purchase of PKU formula and food products for individuals. iii. Follow-up referral for diagnostic services. iv. Follow-up referral to genetics counseling for affected children and families. v. Development of educational materials for consumers. vi. Development of educational materials for healthcare professionals. 	X			
<p>2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN Survey)</p> <ul style="list-style-type: none"> i. Continuing to survey recipients of Information and Referral Services. ii. Continuing to offer financial support to County Parent Liaisons . iii. Continued employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators. iv. Supporting families to participate on advisory committees to the MCH and CSHCN Program. v. Increasing parent input into the MCH Block Grant application. 	X			
<p>3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)</p> <ul style="list-style-type: none"> i. Medical Home Outreach. ii. Medical Home education and training. iii. Medical Home provider training. 		X		
<p>4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)</p> <ul style="list-style-type: none"> i. Health Benefits Services. ii. Access to Health Insurance. 			X	
<p>5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)</p> <ul style="list-style-type: none"> i. Continue to provide funding to the five Regional CSHCN Centers to provide information and referral services, parent support opportunities and service coordination to families of children with special health care needs. ii. Continue to collaborate with partners in the Division of Public Health, Division of Disability and Elderly Services and the Department of Public Instruction to develop systems of care for children with special health care needs. iii. Continue to be an active partner on the Children's Long Term Care Redesign Committee as the pilot sites implement community based waiver options for children. 			X	

National Performance Measures Summary Sheet (Figure 4a)	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey) i. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee ii. Healthy and Ready to Work Outreach iii. State Partnership Building			X	
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. i. Providing, Monitoring and Assuring Immunizations ii. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR) iii. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program iv. Tracking Children at Age Two Enrolled in Medicaid v. Racial and Ethnic Disparities in Milwaukee			X	
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years. i. Pregnancy care and pregnancy prevention services for adolescents ii. Health education and training iii. Implementation of Wisconsin's Medicaid Family Planning Waiver iv. Abstinence activities and resource development v. Implementation of Wisconsin State Health Plan			X	
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth. i. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program ii. Healthy Smiles for Wisconsin-Oral Health Infrastructure Support iii. Technical Assistance iv. Oral Health Surveillance			X	
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. i. Car Seat Safety Inspections ii. Community Education and Outreach iii. Enhancement and Expansion of Partnerships			X	
11) Percentage of mothers who breastfeed their infants at hospital discharge. i. Performance Based Contracting ii. Statewide Breastfeeding Activities iii. The Wisconsin Breastfeeding Coalition iv. Collaboration and Partnerships: Implementation of the Loving Support Campaign				X
12) Percentage of newborns who have been screened for hearing before hospital discharge. i. Outreach/Public Education ii. UNHS Implementation Workgroup iii. Support Services for Parents iv. Birth to 3 Technical Assistance Network v. WE-TRAC				X
13) Percent of children without health insurance. i. Medicaid/CHIP Outreach ii. Covering Kids and Families Coalition iii. Medicaid Administrative Claiming Planning				X

National Performance Measures Summary Sheet (Figure 4a)	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program. i. Support for HealthCheck conferences that promote collaboration between public health practitioners and managed care firms. ii. HealthCheck technical assistance for public health departments. iii. Continued exploration of funding opportunities that would promote expansion of HealthCheck to eligible children in Wisconsin, including Medicaid Administrative Claiming and the impending release of the BC/BS asset conversion funds.				X
15) The percent of very low birth weight infants among all live births. i. Title V MCH Funded Perinatal Services ii. Prenatal Care Coordination iii. Healthy Babies in Wisconsin: A Call to Action iv. Federal Healthy Start Projects v. Wisconsin Association for Perinatal Care vi. Oral Health				X
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19. i. Anticipatory Guidance, Risk Assessment and Referrals ii. Training and Presentations to Raise Awareness and Reduce Stigma iii. Suicide Prevention Initiative				X
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. i. Wisconsin Association for Perinatal Care Efforts on Regionalization				X
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. i. Title V MCH Funded Perinatal Service ii. Prenatal Care Coordination iii. Healthy Babies in Wisconsin: A Call to Action iv. Federal Healthy Start Projects in Wisconsin				X

NOTE: Pyramid Level of Service

DHC = Direct Health Care / ES = Enabling Services / PBS = Population-Based Services / IB = Infrastructure Building

NPM #1: The percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State. (National Newborn Screening and Genetic Resource Center)

Impact on National Outcome Measures: The Wisconsin NBS Program is a core public health program that is a collaborative effort between DHFS and the State Lab of Hygiene. The NBS Program specified in Wis. State Statute 253.13 and Administrative Rule HFS 115, is a population-based service that mandates all infants born in Wisconsin be screened for congenital disorders.

a) Report of 2003 Major Activities

1. Newborn Screening—Population-Based Services—Infants

In 2003, 68,664 infants were screened for 26 different congenital disorders.

2. Diagnostic Services—Direct Health Care Services—CSHCN

In 2003, 95 infants were confirmed with a condition screened for by the NBS Program, and 100% were referred for appropriate follow-up care.

3. Diagnostic Services—Direct Health Care Services—CSHCN

The Department provides necessary diagnostic services, special dietary treatment as prescribed by a physician for a patient with a congenital disorder and follow-up counseling for the patient and his or her family.

4. Development of Educational Materials—Enabling Services—Pregnant Women

The Education subcommittee of the NBS Advisory Group produced NBS displays and NBS posters. The displays have been placed in each of the five public health regions in Wisconsin to promote awareness of NBS throughout Wisconsin to both consumers and healthcare professionals.

b) Current 2004 Activities

1. Newborn Screening—Population-Based Services—Infants

The Wisconsin NBS Program currently screens all infants for 26 congenital disorders.

2. Development of Educational Materials—Enabling Services—Pregnant women

Professional healthcare guides have been updated and will be distributed to healthcare providers throughout Wisconsin. Parent information brochures are available in English and Spanish. NBS posters are being printed and will be distributed to healthcare providers throughout Wisconsin to increase awareness of NBS among consumers.

3. Purchase of PKU Formula and Food Products—Direct Health Care Services—CSHCN

The NBS Program is currently evaluating policies related to the provision of dietary formulas and nutritional supplements to patients.

c) 2005 Plan/Application

1. Newborn Screening—Population-Based Services—Infants

All infants born in Wisconsin will be screened at birth for 26 congenital disorders.

2. Purchase of PKU Formula and Food Products—Direct Health Care Services—CSHCN

The Department will develop a web-based data tracking system for NBS dietary services, including the provision of dietary formulas and medical food products to children with conditions screened for by NBS to more effectively monitor use of this service.

3. Newborn Screening Advisory Group-Infrastructure Building Services-Infants

The Newborn Screening Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, Endocrine, and Education subcommittees will meet biannually to advise the Department regarding emerging issues and technology in NBS.

NPM #2: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Impact on National Outcome Measures: Overall, the SLAITS survey found 66.49% of families are satisfied with the services they receive and feel they are partners in decision making. This is higher than the overall national result of 57.53% of families who report satisfaction with the services they receive and feel they are partners in decision making.

a) Report of 2003 Major Activities

1. Information and Referral Services Satisfaction Survey—Direct Health Care Services—CSHCN

Although the CSHCN Program does not provide direct health care services to children with special health care needs or their families, the CSHCN Program is committed to assuring families are satisfied with the services received from the Regional CSHCN Centers and LPHDs.

An Information and Referral Services Satisfaction Survey was sent to over 1,100 families of children with special health care needs who utilized information and referral services from the Regional CSHCN Centers or LPHDs during 2003. The results revealed an average satisfaction score of 4.662 on a 5.0 scale.

2. Financial support to County Parent Liaisons—Infrastructure Building Services—CSHCN

The CSHCN Program requires the five Regional CSHCN Centers to identify a CPL through partnering with the LPHD. Financial support is offered to CPLs to increase participation in activities that positively impact policies, programs and services attend educational workshops or participate in family centered activities in their communities.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators—Infrastructure Building Services—CSHCN

Parents play a central role in many aspects of the CSHCN Program. Parent involvement is supported through the continued employment of a Parent Consultant at the CSHCN Program. Parent Coordinators are employed at all five Regional CSHCN Centers. Parents are employed at the Wisconsin First Step Hotline to provide information and referral services.

4. Participation of families on advisory committees to the MCH and CSHCN Program—Infrastructure Building Services—CSHCN

The role of families has been strengthened as they continue to participate on the NBS Advisory Committee, Birth Defects Council, Universal Newborn Hearing Screening Workgroup, and MCH Advisory Committee.

5. Parent input into the MCH Block Grant Application—Infrastructure Building Services—CSHCN

In 2003, parent input into the MCH Block Grant Application was requested from over 500 parents in attendance at the annual Circles of Life – Families Conference. A Workbook for Families regarding the MCH Block Grant was adapted and developed from a Family Voices publication and distributed with the public input invitation in order to solicit comments from family members.

b) Current 2004 Activities

1. Information and Referral Satisfaction Survey—Direct Health Care Services—CSHCN

The information and referral satisfaction survey is an ongoing survey that will continue throughout 2004 in order to assure the services, provided through the CSHCN Program, are meeting the needs of the families. A "2003 Annual Program Evaluation Report" is being developed and will be widely distributed during the last six months of 2004. The report provides a satisfaction summary with the information and referral services received from the CSHCN Program.

2. Financial support to County Parent Liaisons—Infrastructure Building Services—CSHCN

Financial support is being provided to over 70 CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators—Infrastructure Building Services—CSHCN

The CSHCN Program has integrated the Parent Consultant role in several staff positions. More emphasis will be placed to promote parent involvement in the Medical Home Initiative to assure a family centered perspective is maintained and parent partners are supported throughout the process.

In addition, each of the five Regional CSHCN Centers employs a parent coordinator. The Wisconsin First Step Hotline employs parents with children with special health care needs to provide information and referral. There is continuing support for a CPL in each of Wisconsin's 72 counties.

4. Participation of families on advisory committees to the MCH and CSHCN Program—Infrastructure Building Services—CSHCN

We are increasing the number of parents providing input into the 2004 MCH Block Grant Application by requesting input from over 500 parents who attended the annual families conference called Circles of Life. Additionally, methods of gathering parent input are being discussed as we begin planning the process beginning this fall.

5. Parent input into the MCH Block Grant Application—Infrastructure Building Services—CSHCN

Parents are an important partner as we work with nine practice teams to develop Medical Homes in Wisconsin.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices

In 2004, Family Voices receive a CMS grant to develop the above named Center. The CSHCN Program has been actively involved in the planning and implementation of activities related to this grant including the development of fact sheets for families, providing training to families regarding health benefits and coordinating information and assistance services across the state so that families can access information easier.

c) 2005 Plan/Application

1. Information and Referral Satisfaction Survey—Direct Health Care Services—CSHCN

The CSHCN Program will continue to assure families are satisfied with those services received from the Regional CSHCN Centers including information and referral, parent to parent support and service coordination.

2. Financial support to County Parent Liaisons—Population-Based Services—CSHCN

Financial support will continue to be provided to CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators—Infrastructure Building Services—CSHCN

The continued employment of parent consultants at all five Regional CSHCN Centers, parent consultants at the First Step Hotline, and the support of a CPL in each of the counties will continue throughout 2005. The Medical Home Initiative will assure a family centered perspective.

4. Participation of families on advisory committees to the MCH and CSHCN Program—Infrastructure Building Services—CSHCN

Parent input will be gathered through the Needs Assessment process throughout the beginning of 2005 and will be summarized and used to develop future planning for the next five year cycle.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative—CSHCN

Parents will continue as an important partner as we continue to develop Medical Homes within Wisconsin. Information gathered from parents throughout 2004 will be used to develop the role parents will have in 2005.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices

In 2005, the CSHCN Program will continue to be actively involved in the implementation of activities related to this grant including the development of a training and lead trainers regarding health benefits.

NPM #3: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Impact on National Outcome Measures: From the SLAITS survey, 57% of Wisconsin CSHCN received care within a medical home as compared to 52% nationally, while 83.8% of CSHCN served through the Regional CSHCN Centers and partnering agencies reported having a medical home.

a) Report of 2003 Major Activities

1. Medical Home Learning Collaborative—Infrastructure Building Services—CSHCN

Wisconsin was one of 11 states selected to participate in the National Initiative for Children's Healthcare Quality (NICHQ) Medical Home Learning Collaborative. Three primary care practice teams from geographically diverse areas of the state participated in order to evaluate, implement, and affect practice systems delivery using the Institute for Healthcare Improvement's "Breakthrough Change" model. The Chief Medical Officer for Long Term Care in DHCF and the nurse coordinator/ administrator of specialty clinic services at Children's Hospital of Wisconsin served as members of the state team along with the Title V CSHCN staff. The state team participated in the Collaborative from January 2003 - February 2004.

In response to an assessment of teams' technical assistance needs completed during the Collaborative, CSHCN staff conducted a retreat/training for teams. At the meeting staff discussed "lessons learned" and solicited suggestions from participants regarding a 2004 Wisconsin collaborative replication.

2. Medical Home Wingspread Conference—Infrastructure Building Services—CSHCN

In November 2003 ABC for Health, Inc., a non-profit public interest law firm, along with the Johnson Foundation, the AAP, and the Wisconsin DHFS sponsored a Wingspread Conference on medical home services. The charge of the conference was to:

- Establish a foundation for the creation of medical home services, which are medically-oriented care coordination services provided by physicians and nurses for CSHCN and their families;
- Identify funding pathways to support critical medical home services; and
- Develop a medical home services outreach and education plan for parents and providers.

Participants in the invitational conference included representation of family organizations, health care providers, government agencies, insurers and training institutions. Title V financially supported a presentation by Dr. Richard Antonelli on the costs of care coordination.

3. Medical Home Policy Oversight—Infrastructure Building Services—CSHCN

The MCH Advisory Committee was updated at each meeting regarding Medical Home initiatives and made recommendations regarding future activities.

4. Medical Home Outreach—Population-Based Services—CSHCN

Information about the Medical Home was distributed through a variety of means including: the MCH Update, the Wisconsin American Academy of Pediatrics (WIAAP) newsletter, along with presentations at a variety of conferences such as Circles of Life, a family and provider conference with over 500 attendees.

5. Medical Home Learning Collaborative—Infrastructure Building Services—CSHCN

Wisconsin was one of four states selected to participate in the Medical Home Initiative Conference in Arizona in 2002. As a result of this conference and with the input of the MCH Advisory Committee, Wisconsin prepared a report entitled Wisconsin's Plan: Medical and Dental Home.

b) Current 2004 Activities

1. The Wisconsin Medical Home Learning Collaborative —Infrastructure Building Services—CSHCN

Utilizing the model of the National Medical Home Learning Collaborative and based on experiences gained during participation, the CSHCN Program has initiated a Wisconsin Medical Home Learning Collaborative. Nine primary care practice teams made up of both pediatricians and family physicians were recruited in spring 2004. All practice teams have at least one parent partner many have two. The Regional CSHCN Centers are contracted to serve as facilitators to the Medical Home practice teams located in their regions. The CSHCN parent consultant, CSHCN medical director, and nurse coordinator from Children's Hospital of Wisconsin have assumed a leadership role in the replication in Wisconsin. In March all facilitators and key CSHCN staff attended a one-day training conducted by Jeanne McAllister, Center for Medical Home Improvement. Three Learning Sessions are scheduled for 2004 with the first session on May 7-8. Dr. Carl Cooley served as the keynote speaker. All practice teams initiated activities related to identification of CSHCN in their practice, care

coordination/care planning, and resources/support services for families. Improvement teams/facilitators continue to meet between learning sessions. Future learning sessions will focus on financing issues, communication issues related to primary and specialty care, and transition issues. Each learning session will also continue to promote rapid cycle improvement methodology.

As part of the Medical Home Learning Collaborative, CSHCN has contracted with Children's Hospital of Wisconsin to develop the Wisconsin specific version of the Medical Home Toolkit. During Learning Session 1, participants received the first component of the toolkit. It is anticipated that at the conclusion of the Collaborative, a complete toolkit, will be available.

2. Medical Home Policy Oversight—Infrastructure Building Services—CSHCN

The MCH Advisory Committee is updated at each meeting regarding Medical Home initiatives and make recommendations regarding future activities. The CSHCN Program is reviewing models utilized by states to implement Medical Home activities in addition to the Learning Collaborative. The CSHCN Program continues to collaborate with ABC for Health, Inc. especially in follow up to the Wingspread conference recommendations. The CSHCN Program is also partnering with the Medical College of Wisconsin, Children's Hospital of Wisconsin and the WIAAP in a Medical Home Primary Care/Specialty Care planning grant to the MCWs for BC/BS settlement funds.

3. Medical Home Outreach—Population-Based Services—CSHCN

Information about the Medical and Dental Home is distributed through a variety of means including: the MCH Update, the Wisconsin American Academy of Pediatrics newsletter, along with presentations at a variety of conferences including Grand Rounds.

c) 2005 Plan/Application

1. Medical Home education and training—Enabling Services—CSHCN

Medical and Dental Home publications will become available for families of CSHCN and providers statewide. Training will continue to be made available by state staff and the Regional CSHCN Centers. Wisconsin Medical Home Toolkit information will be made available.

2. Medical Home Outreach—Population-Based Services—CSHCN

Outreach to different statewide publications and opportunities will continue in 2005. Regional CSHCN Centers will continue to provide education/training to providers and families related to Medical Home.

3. Medical Home Provider Training—Infrastructure Building Services—CSHCN

The CSHCN Program will explore mechanisms to continue to facilitate practices engaged in the Medical Home Learning Collaborative and to share lessons learned with other providers and families.

NPM #4: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Impact on National Outcome Measures: From the SLAITS survey data, (weighted results), 66.61% of Wisconsin families of CSHCN reported adequate insurance to pay for necessary services as compared to 59.6% nationally. In 2003, 5.3% of CSHCN served by the Regional CSHCN Centers and its contracted LPHDs or other agencies reported

having no insurance coverage. However, to understand the insured/adequately-insured, discrepancy, a further breakdown from SLAITS of the unmet needs of the CSHCN population is listed below.

- Dental Care 5.5%
- Mental Health Care 3.6%
- Specialty Care 2.7%
- PT/OT Speech Therapy 1.5%
- Preventive Care 1.2%
- Eyeglasses/Vision Care 1.9%
- Prescription Medicine 0.7%

a) Report of 2003 Major Activities

1. Health Benefits Services—Enabling Services—CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers activities. During 2003, each Regional CSHCN Center continued to provide health benefits services to families in collaboration with ABC for Health, Inc. a public interest non profit law firm working for health care access for children and families.

2. Access to health insurance—Infrastructure Building Services—CSHCN

ABC for Health continues to build public and private partnerships across Wisconsin to address access to health insurance. ABC for Health created local "Health Watch" committees with professional and parent representation to address access issues. They have contracted with the Regional Centers to coordinate the "Health Watch" committees.

3. Dental Care for CSHCN—Infrastructure Building—CSHCN

Oral health services are a major unmet need for CSHCN. SmileAbilities, held in November 2003 was very valuable for parents, caregivers, communities and healthcare providers. This community driven, cross disciplinary, child-centered approach rallied around CSHCN and helped to meet their oral health needs in the Western Region of Wisconsin. In addition, the regional oral health consultants attended the 2003 "Circles of Life" conference and provided resources and consultation to caregivers and families.

4. Access to Dental Care—Direct Health Care Services—CSHCN

The CSHCN Program participated in a program jointly sponsored by the Wisconsin National Guard, Wisconsin DPH, and LPHDs for a medical innovative readiness training referred to as GuardCare 2003. GuardCare provided certain medical services to the uninsured and underinsured population, including dental sealants and exams. The Southern Regional CSHCN Center and the CSHCN central office staff provided consultation and follow-up services.

5. Mental Health Care for CSHCN-Infrastructure Building-CSHCN

Family Health Section staff have provided support to the Wisconsin Initiative for Infant Mental Health, including sponsorship to the Wisconsin Early Infant Mental Health Summit.

b) Current 2004 Activities

1. Health Benefits Services—Enabling Services—CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers. During 2004, each Regional CSHCN Center continues to provide health benefits services to families in collaboration with ABC for Health, Inc. a public interest non profit law firm working for health care access for children and families, particularly families of children with special health care needs.

2. Access to health insurance—Infrastructure Building Services—CSHCN

ABC for Health continues to build public and private partnerships across Wisconsin at the local level to address access to health insurance. Local "Health Watch" committees with professional (including representation from the State CSHCN Program and the five Regional CSHCN Centers) and parent representation continue to meet to address access issues that pertain particularly to that part of the state.

The Regional CSHCN Centers are partners in the implementation of the regional "Health Watch" committees. In addition, ABC for Health created a statewide advisory body of "Health Watch" to include representation from core state level partners, as many insurance access decisions are made at the state level. The Regional CSHCN Centers have supported the "Health Watch Committees" and will have completed a plan by December 2004 to address the health insurance coverage needs of children with special health care needs and their families.

3. Dental Care for CSHCN—Infrastructure Building—CSHCN

On February 26, 2004 the Governor announced that fluoride varnish is a covered service under medical assistance when placed on the teeth by medical providers.

4. Access to Dental Care Services—Direct Health Care Services—CSHCN

GuardCare will again take place in 2004, providing dental sealants and health exams for the uninsured and underinsured population.

5. Mental Health for CSHCN—Infrastructure Building—CSHCN

Work continues with the WUMH. As part of a sub-committee of WUMH, MCH staff is involved with an effort on stigma reduction targeting school administrators. Working with the Wisconsin Initiative for Early Infant Mental Health, staff provided input into the Wisconsin Initiative for Early Infant Mental Health Plan which was embraced by the Governors "KidsFirst" agenda. In addition, the MCH program is providing CSHCN staff to better address mental health and infant mental health.

c) 2005 Plan/Application

1. Health Benefits Services—Enabling Services—CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers. In 2005, each Regional CSHCN Center will continue to provide health benefits services to families in collaboration with ABC for Health, Inc. a public interest non profit law firm working for health care access for children and families, particularly families of children with special health care needs.

2. Access to Health Insurance—Infrastructure Building Services—CSHCN

ABC for Health will continue to build public and private partnerships across Wisconsin at the local level to address access to health insurance. Local "Health Watch" committees with professional and parent representation will continue to address access issues that pertain particularly to that part of the state. The statewide advisory body of "Health Watch" will be meeting regularly with participation from each of the five Regional CSHCN Centers and State CSHCN consultants.

3. Access to Dental Care Services—Infrastructure Building—CSHCN

Plans are to continue the work of SmileAbility, Circles of Life, and GuardCare to help address the dental needs of the CSHCN population.

4. Mental Health Services for CSHCN—Infrastructure Building—CSHCN

Workgroups have formed regarding the Early Infant Mental Health Initiative and will continue to evolve as the plan is implemented.

NPM #5: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Impact on National Outcome Measures: According to the SLAITS Survey, 80.66% of families report the community-based systems are organized so they can use them easily. Families identified this as a need in the early 1990s and the Title V Program responded by creating five Regional CSHCN Centers who provide information and referral, parent support opportunities and service coordination to parents of children with special health care needs.

a) Report of 2003 Major Activities

1. Access to Service Coordination Services—Direct Health Care Services—CSHCN

The Regional CSHCN Centers provided various levels of service coordination including advocacy, health teaching, and screening services to families with a child with special health care needs who otherwise were not eligible for service coordination through other programs.

2. Access to Information and Referral Services—Enabling Services—CSHCN

During 2003, the five Regional CSHCN Centers provided families information and referral services to other agencies including programs such as early intervention, family support, and respite services.

3. Community based services—Infrastructure Building Services—CSHCN

The CSHCN Program works collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships included the:

- Comprehensive School Health Action Council;
- DPI Parent Educator Project and WI FACETS, the Parent Training and Information Center;
- Wisconsin Asthma Coalition;
- Special Needs Adoption Program;
- Lead Prevention and Treatment Program;
- Diabetes Program;
- Wisconsin Infant Mental Health Association; and

- Early Hearing, Detection, and Intervention Program.
- Emergency Medical Services for Children

4. Planning and implementing CSHCN projects—Infrastructure Building Services—CSHCN

Working in partnership with other funding sources, the CSHCN Program has participated in planning and implementing the following projects during 2003:

- Complete technical assistance to Birth to 3 providers as pilot program to beginning of a Nutritional Screening Tool.
- Development of a referral website for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the LPHD.
- Participated on the Children's Long Term Care Redesign Committee and the development of a functional eligibility tool for community programs to identify families to different community based programs based on one application.

b) Current 2004 Activities

1. Access to Case Management Services—Direct Health Care Services—CSHCN

The five Regional CSHCN Centers and LPHDs began entering data into SPHERE under individual, household, community, and systems level. Now they report case management (previously identified as service coordination) provided to families with a child with special health care needs as an individual or household intervention.

2. Access to Referral and Follow-up—Enabling Services—CSHCN

The five Regional CSHCN Centers and LPHDs are reporting referral and follow-up provided to families to community agencies including programs such as early intervention, family support, Katie Beckett, and respite services as an individual or household intervention.

3. Community Based Services—Infrastructure Building Services—CSHCN

The CSHCN Program continues to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships include the:

- Comprehensive School Health Action Council;
- DPI Parent Educator project and WI FACETS, the Parent Training and Information Center;
- Wisconsin Asthma Coalition;
- Diabetes Program;
- Wisconsin Infant Mental Health Association;
- Early Hearing, Detection, and Intervention Program; the Wisconsin Sound Beginnings program helps assure that babies are screened for hearing loss before they are discharged from the hospital. Sound Beginnings is also working to implement programs and procedures to make sure that infants who do not pass the screening and their families get through the diagnostic procedure and into early intervention in an effective and family friendly way.

In addition, Wisconsin is participating in the MPKU Study regarding use of resource mothers (mothers of children with PKU). This project is investigating if home visits by resource mothers improve the outcome of infants born to maternal PKU patients. Three women in Wisconsin have received training for resource mothers.

4. Planning and Implementing CSHCN Projects—Infrastructure Building Services—CSHCN

Working in partnership with other funding sources, the CSHCN Program is participating in planning and implementing the following projects during 2004:

- Statewide implementation of a tool for Birth to 3 providers to screen children for nutritional needs.
- Continue a referral website for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the LPHD.
- Provide TA to the LPHDs that conducted a needs assessment as they complete the projects identified as next steps including the development of a community resource map, a directory of local providers and the development of community consortiums to develop stronger partnerships within their community.
- The Wisconsin Council on Mental Health distributed a survey in 2003 to advocates and family members in order to identify top issues of concern for families who have a child with severe emotional disturbance. Continue to develop a plan to address the identified needs of respite services, insurance parity, and crisis services.
- Utilize results of last years 46 local public health needs assessment for contract negotiations. Implementation of a referral website for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the a LPHD.

c) 2005 Plan/Application

1. Access to Case Management Services—Direct Health Care Services—CSHCN

The five Regional CSHCN Centers in conjunction with the LPHDs will continue to provide case management services to families with a child with special health care needs.

2. Access to Referral and Follow-up Services—Enabling Services—CSHCN

The five Regional CSHCN Centers will continue to provide families referral and follow-up services to agencies including programs such as early intervention, family support, Katie Beckett, and respite services.

3. Community Based Services and System Based Services—Population-Based Services—CSHCN

The CSHCN Program will work collaboratively with many partners to assure children and families can access community-based services easily.

Now as we work toward the National 6 Core CSHCN outcome measures, we are expanding our activities to build upon community resources and community based systems to provide services for CSHCN at the local level.

4. Planning and Implementing Community Based Projects—Infrastructure Building Services—CSHCN

Working in partnership with other funding sources, the CSHCN Program will participate in planning and implementing the following projects during 2005:

- Evaluate the five Regional CSHCN Centers to determine how best services can be provided to families in the next five-year grant cycle.

- Prepare and deliver a new Request for Proposal for five Regional CSHCN Centers for the Wisconsin Maternal and Child Health Program.
- Use the statewide GAC system to manage and monitor the objectives and fiscal operation of the CSHCN program.

NPM #6: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Impact on National Outcome Measures: Data from SLAITS indicate that only 7.4 % of Wisconsin youth with special health care needs report that they are receiving services necessary to make transitions to adult life.

a) Report of 2003 Major Activities

1. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee—Infrastructure Building Services—CSHCN

The Waisman Center, one of five Title V funded Regional CSHCN Centers successfully applied for HRTW grant as Wisconsin's CSHCN Program designee. The Waisman Center uses the same 800 number for CSHCN Center and Transitions I&R Hotline. The CSHCN Centers identified a transition liaison for HRTW activities and participated in the HRTW Statewide Interagency Transition Consortium. The CSHCN Program and Waisman HRTW collaborated on designing transition questions for SPHERE, the MCH data system. Although SPHERE was not fully operational, HRTW Project was able to hand collect data from all CSHCN Centers indicating that, in 2003, 258 YSHCNs received transition information and/or training.

2. Healthy and Ready to Work Outreach—Population-Based Services—CSHCN

The CSHCN Program co-sponsored Circles of Life Conference for parents and providers. The HRTW project funded a concurrent session for the Gathering of Youth. Calls to the FirstStep hotline with questions on YSHCN transition resources or procedures were referred to HRTW hotline and website. The HRTW also coordinates a Wisconsin transition listserve.

3. Healthy and Ready to Work Training—Infrastructure Building Services—CSHCN

The HRTW program and CSHCN Centers conducted trainings for High School students and teachers about Transition IEPs. The HRTW provided workshops to parents/providers on how to support youth in their health care decision making. The CSHCN Program, HRTW, Social Security Administration (SSA), state Division of Vocational Rehabilitation (DVR) and Department of Public Instruction (DPI) conducted a series of video conferences.

4. State Partnership Building—Infrastructure Building Services—CSHCN

The CSHCN Program participated in the Medical Home Learning Collaborative, and HRTW provided pediatric practices with expertise and insights while learning what information is needed by doctors to assist YSHCN in transitioning to adult providers. The HRTW and SSA designed a streamlined SSI application process for youth aging out of WI "Katie Beckett" Medicaid waiver. The CSHCN participated on WI TBI Advisory Board and assisted with MCHB TBI grant application. The HRTW presented on how to prevent sexual abuse/exploitation of disabled youth at state teen pregnancy prevention/intervention conference. The CSHCN Program designated Waisman Center HRTW Project as state applicant for a Champions for Progress Incentive Grant to "jump start"

its Youth on Health initiative designed to learn from youth what they need for successful transitioning. Youth on Health will serve as the foundation of a permanent Title V CSHCN Youth Advisory Council.

b) Current 2004 Activities

1. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee—Infrastructure Building Services—CSHCN

CSHCN Program and Waisman will continue most activities previously described.

2. Healthy and Ready to Work Outreach—Infrastructure Building Services and Outreach-Population-Based Services—CSHCN

The CSHCN Centers are documenting transition services they provide as well as needs that go unmet. Each Regional Center is providing at least one transition training for youth, parents, and/or service providers. In Southeast Region, HRTW is hiring community connectors to provide more in-depth applications of person-centered life planning and asset based community development models for Latino communities. HRTW, DPI, & DVR provide funding and resources for week-long "Transition Camp" to provide disabled teens an opportunity to be away from home, with peers have fun and learn about transitioning. DPIs SIG/Transition dollars are funding four 8-week courses that teach teens and adults with disabilities personal safety at home, work, and in public.

3. State Partnership Building—Infrastructure Building Services—CSHCN

SPHERE will be in operation enabling the Program to establish baseline for NPM#6 and track progress. Additional pediatric practices are participating in state funded Medical Home expansion with HRTW providing TA as requested. SSA is piloting the new streamlined SSI application for youth aging out of "Katie Becket Waiver" eligibility. Champions for Progress Incentive Grant is funding CSHCN and HRTW partnership in the Youth on Health process, organized and facilitated by HRTW, using three YSHCN focus groups to gain input on status of NPM#6.

c) 2005 Plan/Application

1. State Partnership Building—Infrastructure Building Services—CSHCN

The HRTW is funded until June 30, 2005 with many 2003 and 2004 HRTW and CSHCN Program activities continuing. Information obtained from the YSHCN focus groups will be used in WI five year Title V needs assessment and Block Grant application. Youth on Health focus group members come from Wisconsin Leadership Forum, HRTW Project Youth Advisory Board, or they attended the 2004 Transition Camp. After the focus groups conclude, they will be invited to participate on new Wisconsin YSHCN Advisory Council, organized to provide CSHCN Program with ongoing youth perspectives. The Council may also be asked to comment on other public health initiatives targeted toward youth. In its final year, HRTW will evaluate the impact of its activities. Results will be valuable to the CSHCN Program in planning future services. The Transition Consortium has begun to strategize about alternative funding to sustain activities when HRTW grant ends.

2. Healthy and Ready to Work Training—Infrastructure Building Services and Outreach-Population-Based Services—CSHCN

The CSHCN Program, HRTW, and Consortium members will continue collaborating with families, youth and other transition stakeholders in training and public awareness activities; planning and service design. Some issues include beginning as early as middle school: person-centered life and vocation planning; accessing quality, person-centered health care and other community based services; impacts of chronic illness and disability on all aspects of human growth and development.

NPM #7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a) Report of 2003 Major Activities

1. Providing, Monitoring, and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

All 93 LPHDs provided immunizations to persons in their jurisdiction with funding from the state Immunization Program. All 93 LPHDs can now access electronically immunization data from the Wisconsin Immunization Registry (WIR). Ten LPHDs worked directly with child care providers using Title V funds to monitor immunization services of children attending child care, referring those children needing immunizations to appropriate resources, using consolidated contract funds. Forty-eight percent of the 93 LPHDs provided or assured primary care services to children under age 12 including immunization compliance. The data from the national immunization survey for Wisconsin for SFY 2003 (July 1, 2002-June 30, 2003) with 4 DTaP; Polio; 1 MMR; 3 Hep B; 3 Hib among children 19-35 months of age for Wisconsin is 82.6%, which exceeds our 2003 target of 79%.

2. Coordination with WIC and the state Immunization Programs and enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers and infants and children, including CSHCN

Coordination with the WIC program continues, with now all of the WIC providers during 2003, enrolled in the WIR. Currently we have over 550 immunization providers and some 2,000 schools with access to WIR with a total of 8,300 users throughout the state. These providers account for 18 million immunizations given to 2.6 million clients. The Wisconsin Immunization Program cost shares with WIC to conduct immunization assessments and refers at WIC voucher pick-up. WIR automatically updates immunization schedule changes into the recall system.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

The Advisory Committee on Immunization Practices (CDC) recently recommended routine annual vaccination with influenza vaccine for all healthy children 6 month to 24 months of age.

4. Tracking Children at Age Two Enrolled in Medicaid—Population-Based Services—Children, including CSHCN

This is tracking to meet requirements of the Government Performance and Result Act (GPRA). The base line among Medicaid enrolled Wisconsin children ages 19-35 months who are series complete* was 41% in 2001 and rose to 55% in 2002. The third (and final year of GPRA) target rate is 65%. [*Series complete = 4DTaP, 3 polio, 1 MMR, 3 Hib, and 3 Hep B].

5. Racial and Ethnic Disparities in Milwaukee—Population-Based Services—Pregnant women and mothers

Baseline data has been established among racial and ethnic groups in Milwaukee. Among persons 65+ years of age the rates for influenza vaccination in African Americans is 57.1% and Caucasians is 76.2%. For pneumococcal vaccine in the same age group, the rates are 53.9% for African Americans and 73.0% for Caucasians.

b) Current 2004 Activities

1. Providing, Monitoring and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

All 93 LPHDs receive state Immunization Program funding and at least three agencies currently coordinate their activities with additional Title V MCH funding. Twelve LPHDs are using MCH funding to address child health including immunization in child care settings.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

WIR plans to support and maintain WIC sites as registry program participants. Immunization data will be provided by the state Immunization Program to the Title V MCH/CSHCN Program for required annual reporting.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in recommended changes in the immunization schedule will be tracked by the state Immunization Program. Recommended changes will be determined by the ACIP and shared appropriately by the state Immunization Program. An effort to build a consortium of LPHDs, CHCs, and tribes to increase immunization compliance levels is occurring with leadership from the state Immunization Program.

4. Tracking Children at Age Two Enrolled in Medicaid—Population-Based Services—Children, including CSHCN

The statewide tracking of Medicaid-enrolled children at age two with up-to-date immunizations will continue through 2004. The goal remains at 90%.

5. Racial and Ethnic Disparities in Milwaukee—Population-Based Services—Pregnant women and mothers

The two-year study funded by CDC to look at racial and ethnic disparities in Milwaukee related to adults receiving preventive influenza and pneumonia vaccines will continue through 2004. Some of the activities in place to improve levels next year include: use of the WIR, targeting primary health care providers serving the target populations, improving clinic procedures (e.g. standing orders, chart reminders, reminder/recall), faith based organizations promote immunizations, mass media coverage, etc.

c) 2005 Plan/Application

1. Providing, Monitoring and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

Title V funding will continue to support LPHDs interested in providing or assuring primary care services to young children, including immunization monitoring and compliance. This activity will continue to take place in child care settings (among other sites) throughout the state. State Immunization Program funds will continue to support all LPHDs to provide/assure immunizations to those they serve.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

The state Immunization Program will continue partnerships with the Title V MCH/CSHCN Program, LPHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The statewide registry will be expanded and refined as experience and policy changes dictate. The provision of needed data requirements by the Title V MCH/CSHCN Program will be provided annually by the state Immunization Program.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in subsequent policy changes or clinical practices will be tracked by the state Immunization Program. Timely information updates will be shared by the state Immunization Program with appropriate partners.

4. Tracking Children at Age Two Enrolled in Medicaid—Population-Based Services—Children, including CSHCN

Statewide tracking of Medicaid-enrolled children with up-to-date immunization status at age two will continue.

NPM #8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Impact on National Outcome Measures: Wisconsin's 2003 Youth Risk Behavior Survey reveals that 36.8% of students have ever had sex (down from 47% in 1993). Also, 21.9% of students had sex before the age of 16 (down from 33.4 in 1993). Wisconsin's teen birth rate for 2002 ages 15-17 was 16.0 (Wisconsin Births and Infant Deaths, 2002) while the United States' teen birth rate was 23.2 (National Vital Statistics Report, Vol. 51, No. 11, 2003). Since 1999, Wisconsin has experienced a decline in this rate. Ongoing efforts toward teen pregnancy prevention should continue this rate decline.

a) Report of 2003 Major Activities

1. Pregnancy and pregnancy prevention services for adolescents—Direct Health Care Services—Adolescents

Through the Performance Based contracts, a number of LPHDs and others continued to provide perinatal and other health care services to teenagers, including reproductive health care. Local projects that had been funded by the APPPS Board ended 6/30/03.

2. Health education and training—Enabling Services—Adolescents

LPHDs continued to provide health education via Postponing Sexual Involvement, Baby Think It Over, "Girl's Night Out", Positive Teen Group, individual counseling on healthy behaviors, working with local coalitions, etc. The seventh annual teen pregnancy prevention and intervention conference was held July 2003. Lt. Governor, Barbara Lawton, delivered a keynote.

3. Implementation of Wisconsin's Medicaid Family Planning Waiver—Population-Based Services—Adolescents

Wisconsin's Medicaid Family Planning Waiver (FPW) benefit was implemented January 2003. It provides family planning services and supplies for women 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of the project is to help women avoid unintended pregnancy. In 2003, the FPW benefit helped 5,546 female teens aged 15-19 years old.

4. Abstinence activities and resource development—Infrastructure Building Services—Adolescents

DPH was given oversight for the Abstinence Program in fall 2003. WAIY established 12 WAIY Regions for implementation of program strategies including establishment of WAIY Clubs, True 2 Life youth speaker team, radio PSAs, etc. The APPC set new goals/strategies and established seven subcommittees to work on them. Goals are: Decrease the percentage of Wisconsin youth who have had sexual intercourse by 39% in 2001 to 30% by 2010 and increase the percentage who will choose consistent and correct use of contraception from 76% in 2001 to 87% in 2010. The Subcommittees are Networking; Resources Online; Training, Curriculum and Education; Awareness; Community Response Teams; APPC Oversight; and Health Care.

b) Current 2004 Activities

1. Pregnancy care and pregnancy prevention services for adolescents—Direct Health Care Services—Adolescents

As in 2003, through the Performance Based contracts, LPHDs continue to provide perinatal and other health care services, including reproductive health care.

2. Health education and training—Enabling Services—Adolescents

A number of LPHDs will continue to provide health education via a variety of methods, e.g., Postponing Sexual Involvement curriculum, *Baby Think It Over*, "Girls Night Out", etc. The seventh annual teen pregnancy prevention and intervention conference is scheduled for July 30 and 31.

3. Wisconsin's Medicaid Family Planning Waiver—Population-Based Services—Women and adolescents

This benefit continues to provide direct pregnancy prevention and reproductive health care services to adolescents.

4. Abstinence activities and resource development—Infrastructure Building Services—Adolescents

WAIY continues work on its goals and strategies, including the development of a health care tool for promoting abstinence for health care providers. WAIY Club establishment, free presentations, training, resource and information sharing continue. APPC continues to increase its partnerships. A web-based survey was conducted early in 2004 to determine ideas regarding training needs, interest in a statewide coalition, and areas of concern for survey participants to rank. Web page updates are in place and activities for the promotion of Teen Pregnancy Prevention Day/Month in May were organized (see website at <http://dhfs.wisconsin.gov/teenpregnancy/index.htm>).

With DPI and supplemental funding through CDC-DASH, a steering committee was developed to work on strengthening CCC among state-level agencies to improve sexual risk behavior prevention for school-age youth. At the end of that project, one of our ongoing activities is the planning of an Adolescent Sexual Risk Behavior Prevention Institute scheduled for August in Milwaukee. Additional funding to continue CCC efforts is being applied for.

c) 2005 Plan/Application

1. Pregnancy care and pregnancy prevention services for adolescents—Direct Health Care Services—Adolescents

Health care regarding teen pregnancy and pregnancy prevention is a need frequently identified in community needs assessments. It is anticipated that a number of LPHDs will continue their local efforts toward this issue. Publicly-funded family planning providers will continue to serve adolescents.

2. Health education and training—Enabling Services—Adolescents

Health education, including reproductive health, will continue to be provided through a variety of methods. Identified statewide training will continue.

3. Wisconsin's Medicaid Family Planning Waiver (FPW)—Population-Based Services—Women and adolescents

FPW outreach and services will continue to reach 15-44 year olds who are at or below 185% FPL.

4. Abstinence activities and resource development—Infrastructure Building Services—Adolescents

APPC, WAIY, and others will continue working on their goals/strategies to impact the teen birth rate in Wisconsin. Partnerships developed and enhanced during 2003 and 2004 will be continued.

5. Implementation of Wisconsin State Health Plan—Infrastructure Building Services—Adolescents

Implementation of High-Risk Sexual Behavior Health Priority is ongoing. Teen Pregnancy Prevention Services has been identified as a priority in Governor Doyle's recently released "KidsFirst" Initiative, <http://www.wisgov.state.wi.us/docs/kidsfirst.pdf>.

NPM #9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

a) Report of 2003 Major Activities

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program—Direct Health Care Services—Children, including CSHCN

The Department contracted with CHAW, the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative. In 2002-2003 there were 15 community or school-based Seal-A-Smile programs serving 4,494 children with 10,358 sealants placed.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support—Infrastructure Building Services—Children, including CSHCN

CHAW is actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. CHAW conducted regional meetings for Seal-a-Smile grantees. The CDC conducted an economic evaluation of the Wisconsin Seal-a-Smile program which is under current review for publication. In addition, Software was developed to collect program data collection in cooperation with CDC.

3. Technical Assistance—Enabling Services—Children, including CSHCN

Technical assistance was provided for 15 state-funded dental sealant programs in cooperation with the CHAW Oral Health Project Manager. The State Oral Health Consultant monitored the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over \$56,000 in state GPR funds were distributed to initiate over 15 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2004. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2004.

The Healthy Smiles for Wisconsin Coalition continued to grow and promote oral health prevention through a steering committee, policy development committee, prevention/clinical care committee, and sustainability committee.

4. Oral Health Surveillance—Population-Based Services—Children, including CSHCN

County oral health surveys were conducted in two counties to use in community needs assessments.

b) Current 2004 Activities

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program—Direct Health Care Services—Children, including CSHCN

The Department is contracting with CHAW to manage the Healthy Smiles for Wisconsin: Seal a Smile initiative in 2003-04. There are 15 community or school-based programs as a result of the Wisconsin Seal-A-Smile program. Program data is being collected and reported.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support—Infrastructure Building Services—Children, including CSHCN

The Department contracts with CHAW, the Title V grantee for statewide child health system building, has been actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. As a component of the CDC funded Healthy Smiles for Wisconsin, a statewide dental sealant initiative and oral health surveillance plan has been developed. The Healthy Smiles for Wisconsin: Seal a Smile initiative allows for the implementation of a statewide screening program to determine the prevalence of dental sealants in children in Wisconsin and increase the number of preventive dental sealants placed on school-aged children. Children's Health Alliance is conducting regional meetings for Seal a Smile grantees. The purpose is to use the CDC software to data collection and in cooperation with the Center for Disease Control and Prevention. An economic evaluation is being reviewed for publication by the CDC.

3. Technical Assistance—Enabling Services—Children, including CSHCN

Technical assistance is being provided for 15 state-funded dental sealant programs in cooperation with the CHAW Oral Health Project Manager. The State Oral Health Consultant monitors CHAW contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over \$56,000 in state GPR funds are distributed to initiate over 15 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2004. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2004.

The Healthy Smiles for Wisconsin Coalition is promoting policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes included Medical Assistant reimbursement for fluoride varnish placed by medical providers and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance—Population-Based Services—Children, including CSHCN

One county survey was conducted and is being analyzed and reported.

c) 2005 Plan/Application

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program—Direct Health Care Services—Children, including CSHCN

The Department will contract with CHAW, the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative in 2004-05. There are 15 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support—Infrastructure Building Services—Children, including CSHCN

The Department will contract with CHAW, the Title V grantee for statewide child health system building, will be actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a

Smile initiative. Children's Health Alliance will conduct regional meetings for Seal a Smile grantees. The purpose will be to streamline data collection and review best practices.

3. Technical Assistance—Enabling Services—Children, including CSHCN

Technical assistance will be provided for approximately 15 state-funded dental sealant programs in cooperation with the CHAW Oral Health Project Manager. The State Oral Health Consultant will monitor the Children's Health Alliance contract to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition will promote policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes will include increased use of the dental hygienist in Seal a Smile programs and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance—Population-Based Services—Children, including CSHCN

County surveys will be offered to measure dental sealants and provide needs assessment data. Planning will begin for the 2006 Make Your Smile Count Survey.

NPM #10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Impact on National Outcome Measures: Motor vehicle crashes continue to be a leading cause of unintentional injury death. According to "2002 Wisconsin Traffic Crash Facts" (WI DOT), there were 28 children aged 14 or younger killed via motor vehicle related crashes. LPHDs and others continue community education and outreach through car seat safety, bicycle safety, and other efforts to impact Outcome Measure #6, the child death rate per 100,000 children aged 1 through 14.

a) Report of 2003 Major Activities

1. Car Seat Safety Inspections—Enabling Services—Infants and children

Through the Performance Based contracts, many LPHDs and a number of Day and Child Care providers continued to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints. Some staff renewed the requirements to retain their status as child passenger safety technicians.

2. Community Education and Outreach—Population-Based Services—Infants and children

Worked with DOT, SAFEKIDS, Wisconsin Safety Belt Coalition and other partners to provide outreach and public education to increase knowledge and resources available to reduce deaths from motor vehicle crashes. Wisconsin Child Passenger Safety Association (WCPSA) continued working on its goals of: Creating awareness to protect children by encouraging safe transportation; working with local, state and federal agencies to strengthen child restraint and safety seat laws; providing continuing education and support for child passenger safety technicians; educating both professionals and families; and promoting and providing

community resources and a communication network. Wisconsin communities continued to participate in "Walk to School Day".

b) Current 2004 Activities

1. Car Seat Safety Inspections—Enabling Services—Infants and children

In 2004, many LPHDs continue to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints through the Performance Based contracts. In anticipation of new Federal standards, part of Governor Doyle's "KidsFirst" Initiative, announced in Spring, calls for the passing of legislation establishing stricter child passenger safety standards, including child safety seats and booster seats for infants, toddlers, and small children.

2. Community Education and Outreach—Population-Based Services—Infants and children

Wisconsin communities plan to continue to participate in "Walk to School Day". Many LPHDs continue to provide bicycle safety education. DOT continues their work in educating parents about child transport safety as well as ensuring safe routes for children to walk or bike to school (particularly in Milwaukee).

3. Enhancement and Expansion of Partnerships—Infrastructure Building Services—Infants and children

The Injury Prevention Coordinating Committee and its partners (DPH Central and Regional Offices, SAFEKIDS, Waisman Center, Population Health, BHI, and others) continue their efforts along with WCPSA. Impacting Intentional and Unintentional Injuries and Violence, one of "Healthiest Wisconsin 2010" health priorities, is ongoing.

c) 2005 Plan/Application

1. Car Seat Safety Inspections—Enabling Services—Infants and children

As these types of services continue to be identified as a local need, it is anticipated that LPHDs and others will continue to provide them.

2. Community Education and Outreach—Population-Based Services—Infants and children

DOT and others will continue outreach activities and public education, in concert with Governor Doyle's "KidsFirst" Initiative.

3. Enhancement and expansion of partnerships—Infrastructure Building Services—Infants and children

The Injury Prevention Coordinating Committee efforts and others' (e.g. WCPSA) efforts toward impacting Intentional and Unintentional Injuries and Violence will continue.

NPM #11: Percentage of mothers who breastfeed their infants at hospital discharge.

Impact on National Outcome Measures: The advantages of breastfeeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother as well as benefits to the community as a whole.

a) Report of 2003 Major Activities

1. Performance Based Contracting—Direct Health Care Services—Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2003, several LPHDs selected objectives related to healthy birth outcomes through care coordination services. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant and breastfeeding women

The Title V funded agencies continue to coordinate breastfeeding activities with the WIC Program at a state and local level for pregnant women and mothers and infants. This includes referrals for care from WIC to the MCH program and from MCH to WIC. The Wisconsin Breastfeeding Coalition also maintains the Wisconsin Breastfeeding Resource Directory to aid health care professionals in locating appropriate referral sources for breastfeeding mothers who need help.

3. The Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant and breastfeeding women and the general public

The Wisconsin Breastfeeding Coalition, which is co-chaired by the WIC/MCH Breastfeeding Coordinator and a WAPC Nutrition Committee representative, continues to promote breastfeeding as the cultural norm in Wisconsin through public education and awareness. The Wisconsin Breastfeeding Coalition adapted a resource packet for local breastfeeding coalitions and breastfeeding advocates to build a breastfeeding friendly community. The WBC also developed a training module, "How to Support a Breastfeeding Mother: A Guide for the Child Care Provider".

4. Collaboration and Partnerships—Infrastructure Building Services—Pregnant and breastfeeding women

The WIC/MCH Breastfeeding Coordinator continues to educate healthcare providers about the Wisconsin Medicaid Program policy on reimbursement of breast pumps. This policy provides for high quality breast pumps for mothers returning to work or school to more fully support longer breastfeeding and exclusive breastfeeding.

Wisconsin was one of nine states chosen to implement the USDA funded, Using Loving Support to Build a Breastfeeding Friendly Community, project. An implementation plan was developed for this project and implementation was begun during 2003. This plan includes staff training, mini-grants for clinic environment changes, breastfeeding resources and materials, worksite workshop and a media campaign.

b) Current 2004 Activities

1. Performance Based Contracting—Direct Health Care Services—Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, several LPHDs have chosen to continue efforts to promote healthy birth outcomes through care coordination. These activities are targeted to pregnant women and mothers and infants. Breastfeeding promotion and support is an integral part of promoting healthy birth outcomes and will result in more women choosing to breastfeed.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, a LPHD has chosen to continue to support the peer mentoring program for the support of breastfeeding and reduction of tobacco use and exposure begun in 2003. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in populations that are less likely to breastfeed or less likely to succeed with breastfeeding. As part of the Loving Support project, peer counseling efforts will be supported through ~4 pilot projects. Additionally, as part of the Loving Support project the two chapters of the African American Breastfeeding Alliance have planned activities focused at promoting and supporting breastfeeding among African American families.

3. Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant and breastfeeding women and the general public

Breastfeeding information for health professionals and the general public is now available on the DHFS website.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that will air on the buses in Milwaukee (Transit Television Network) during Summer 2004, including during World Breastfeeding Week.

The *Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin* project include a public awareness campaign component and it is anticipated that this will be implemented in August of 2003. To best target the messages, focus groups have been conducted with African-American women in Milwaukee. This campaign will be coordinated with the National Breastfeeding Campaign being developed by the Ad Council.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign—Infrastructure Building Services—Pregnant and breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlines several infrastructure components that are currently being developed. Some of these include the development of a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care; the development of an interactive CD-ROM for employers to support breastfeeding women returning to the worksite and a multi-cultural photography project.

The WIC/MCH Breastfeeding Coordinator continues to serve as co-chair of the Wisconsin Breastfeeding Coalition.

Wisconsin now has two hospitals that have received their Baby Friendly designation.

c) 2005 Plan/Application

1. Performance Based Contracting—Direct Health Care Services—Pregnant and breastfeeding women

A number of LPHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth to improve the rate of breastfeeding success. A

plan for bringing a breastfeeding certification program to Wisconsin in 2005 is underway to increase the numbers of healthcare professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant and breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LPHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African Americans and Hmong) and to the general population where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance in areas of need will be explored.

3. Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant and breastfeeding women and the general public

As the Loving Support plan is being implemented it is anticipated that a number of LPHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign—Infrastructure Building Services—Pregnant and breastfeeding women

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan. This includes work with employers and child care providers to focus efforts at increasing duration of breastfeeding and exclusive breastfeeding.

NPM #12: Percentage of newborns who have been screened for hearing before hospital discharge.

Impact on National Outcome Measures: The WSB Program was created to promote EHDI statewide and to meet the goals as outlined in Healthy People 2010; the 2000 Statement of the Joint Committee on Infant Hearing; the American Academy of Pediatrics Policy Statement on Newborn Hearing Screening; and Wisconsin Statute 253.115.

a) Report of 2003 Major Activities

1. Outreach and Public Education—Enabling Services—Pregnant women, mothers, and infants

WSB provided a quarterly newsletter to over 3,000 EHDI stakeholders. The publication "Babies and Hearing Loss: A Guide for Providers about Follow-up Medical Care" went through a second printing due to high demand. WSB documents are available at www.infanthearing.org.

2. Home Births Initiative—Direct Health Care Services—Pregnant women, mothers, and infants

The home birth outreach program has provided families in two regions access to hearing screening and appropriate educational materials. Midwives are now reporting hearing screening information on the NBS blood card. Analysis of blood card data shows approximately 31% of home births were screened in 2003.

3. WSB/Congenital Disorders Program—Population-Based Services—Pregnant women, mothers, and infants

WSB helped write the July 2003 NBS program newsletter, devoted to completion of hearing screening data. WSB helped NBS develop a directory of hospital follow-up contacts. WSB recommended revisions to hearing screening data fields, based on user feedback and data analysis. Blood card data from January 1, 2003 -

December 31, 2003 indicated 64,082 (92%) of babies were screened; 995 (1.4%) referred; 3,437 (4.9%) incomplete data; 993 (1.4%) NICU; 95 (0.1%) refused.

4. Birth to 3 Technical Assistance Network—Infrastructure Building Services—CSHCN

Sixteen people were trained to become Early Intervention (EI) consultants, who hosted regional trainings, and provided direct EI services to children who are deaf or hard of hearing. Consultants recruited parents for family programs and events, such as the annual parent conference. The consultant trainers conceptualized the new Guide-By-Your-Side program in 2003.

5. Support Services for Parents—Enabling Services—CSHCN

Families from around the state came together for a two-day Parent Summit in January 2003. Three recommendations from this group were implemented during 2003. 1) June 2003: over 30 families attended the First Annual Conference for Families of Children who are Deaf or Hard of Hearing 2) Parents discussed starting a parent-led organization, after hearing conference keynote speakers, and 3) Statewide listserve/website where a calendar of events and list of resources can be maintained was established.

6. WE-TRAC—Infrastructure Building Services—CSHCN

Eleven hospitals started using WE-TRAC in January 2003. Based on user feedback, a new NICU workflow was added to WE-TRAC, and WSB began defining report specifications. In addition to five audiology clinics, one birthing unit, and four NICUs joined the pilot, now representing almost 25% of births. Users made referrals and entered screening and diagnostic results.

b) Current 2004 Activities

1. Support Services for Parents—Enabling Services—CSHCN

The Second Annual Conference for Families of a Deaf or Hard of Hearing Child was planned by parents and sponsored by the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) Outreach Program with support from DPI, DHFS and WSB. Attendance was double that of the first conference.

The Guide-By-Your-Side (GBYS) program, a parent support program, grew out of the 2003 Parent Summit. GBYS is funded by a DPI discretionary grant administered by the WESPDHH-Outreach program. GBYS matches trained parents ("Parent Guides") with parents of newly identified children who are deaf or hard of hearing. Parent Guides are paid for up to three visits to provide support, unbiased information and connections to resources like early intervention. Bilingual Parent Guides fluent in Spanish and ASL are available statewide.

2. Wisconsin Sound Beginnings (WSB)/Congenital Disorders Program—Population-Based Services—Pregnant women, mothers, and infants

The NBS program distributed a revised blood card with changes to hearing screening fields. WSB contributed to the NBS annual newsletter and the "Wisconsin Health Care Professionals' Guide to Newborn Screening."

3. Outreach/Public Education—Enabling Services—Pregnant women, mothers, and infants

The Wisconsin EHDI/American Academy of Pediatrics (AAP) Chapter Champion submitted a grant proposal to the AAP. The proposal was funded and was used to work collaboratively with the Wisconsin Chapter of Hands and Voices to launch an awareness campaign during May, Better Speech and Hearing Month. Legislative

invites were hand delivered by children and their parents, radio interviews were conducted and aired, and a breakfast with legislators was convened.

4. The Wisconsin Pediatric Audiology Training—Infrastructure Building Services—CSHCN

WSB presented at the WSHA fall update and annual spring conference on pediatric audiology topics and the Guide-By-Your-Side Program.

5. Home Births Initiative—Direct Health Care Service—Pregnant women, mothers, and infants

A grant was submitted to AHEC for a piece of hearing screening equipment for the Western Region home birth population.

6. Guide-By-Your-Side Program—Infrastructure Building Services—CSHCN

Regional interviews were conducted, and parent guides were hired.

7. WE-TRAC—Infrastructure Building Services—CSHCN

Based on analysis of data from the blood card, we are enhancing both automated and manual de-duplication processes in WE-TRAC. This is a necessary priority for system development. The pilot phased out beginning in May, and the new version began phased rollout statewide following completion of this development. We are also defining PCP involvement in WE-TRAC and the early intervention components of WE-TRAC, which include the State Birth to 3 and GBYS programs. The Comprehensive Hearing Loss (CHL) form, "Just-In-Time" information for physicians, and NBS data reports were also made available on the WE-TRAC website.

c) 2005 Plan/Application

1. Outreach/Public Education—Enabling Services—Pregnant women, mothers, and infants

WSB will continue to make available outreach materials related to the importance of screening such as "A Sound Beginning for Your Baby" to hospitals and providers through necessary reprinting. WSB will also provide consultation to the development of a Spanish version of the Babies and Hearing Loss Interactive Notebook for Families. WSB will distribute a mailing to pediatric PCPs regarding next steps in the care of a child with diagnosed as deaf or hard of hearing, as well as special considerations for conditions such as unilateral hearing loss and Usher's Syndrome.

2. Support Services for Parents—Enabling Services—CSHCN

The Third Annual Conference for families with deaf, deaf-blind, and hard of hearing children will be organized to occur in the winter/spring of 2005. The Guide-By-Your-Side Program will continue to be supported through ongoing training and promotion.

3. Birth to 3 Technical Assistance Network—Infrastructure Building Services—CSHCN

The Birth to 3 Technical Assistance Network will continue to become stronger through the systematic connections being built into the WESPDHH-Outreach project and will continue throughout 2004. The network will continue to provide critical technical assistance to local Birth to 3 programs. The network of consultants will receive ongoing training, technical assistance and support in 2005 and will be connected to the Parent Guides through one cooperative training effort. Discussions will continue with key partners to provide the Birth

to 3 Technical Assistance Network with oversight and direction as well as to continue to foster support and commitment to the importance of the existence and function of this network.

4. WSB/Congenital Disorders Program—Population-Based Services—Pregnant women, mothers, and infants

WSB will continue to provide regular updates regarding hearing screening through the WSLH Newborn Screening Program Newsletter.

5. UNHS Implementation Workgroup—Infrastructure Building Services—CSHCN

The Workgroup will continue to meet quarterly. From this network of committed individuals new projects will be identified and addressed. This group will continue to advise the direction and focus of the Wisconsin Sound Beginnings Program.

6. WE-TRAC—Infrastructure Building Services—CSHCN

Phased statewide rollout will continue to hospitals, audiologist, and clinical practice organizations. Development of the early intervention module will be completed, and the system will be rolled out to early intervention users. Development will include completion of the report functionality, and other changes based on user feedback.

NPM #13: Percent of children without health insurance.

a) Report of 2003 Major Activities

1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN

By the end of 2003, total family Medicaid recipients (the sum of Medicaid and BadgerCare enrollments) increased by 42,262 persons, or 10.0%. The total family Medicaid enrollment is 463,752 persons.

Under Medicaid/CHIP outreach, various activities were undertaken, although none were directly funded by any major federal funding source, as in previous years. We continued to provide consultation with LPHDs and providers in particular on technical aspects of enrolling children into health care coverage.

2. Covering Kids and Families Coalition—Enabling Services—Children, including CSHCN

One particular initiative in 2003 involved Title V staff assistance in helping with a four-year, \$900,000 Robert Wood Johnson grant, "Covering Kids and Families." The main goal of the grant is to help enroll children and families in public health insurance programs. The Title V Outreach Consultant assisted in writing the grant with the lead agency, the University of Wisconsin – Extension agency. Subsequently, he was elected co-chair of the statewide coalition; but by the end of 2003, he resigned to devote time to other priorities. Two LPHDs, LaCrosse County Health Department and the City of Milwaukee Health Department, serve as local coalitions in the effort.

This grant involves convening a statewide coalition to undertake three main goals: outreach to enable children and families to enroll in Medicaid or BadgerCare; simplification of enrollment and renewal processes, and coordinating existing health care coverage programs. Numerous outreach efforts were undertaken, including ten back-to-school media placements reaching nearly 250,000 persons, and a major Milwaukee health fair reaching more than 1,000 families.

3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN

Title V staff met intermittently with Medicaid staff to seek approval to allow public health departments to claim added federal Medicaid funds through Medicaid Administrative Claiming (MAC). Activities in 2003 centered on specific use of MAC for oral health access, an earmarked option under the "Medicaid-Title V" rule.

b) Current 2004 Activities

1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN

Numerous outreach consultation activities continued in 2004. Outreach activities took place less than in previous years, but the following services were provided.

We provide a distribution point for eligibility-related brochures and offer technical assistance on eligibility-related questions. For example, demand continues for updated income-eligibility guidelines, which change each year in April. We also provide consultation on policy-related questions for the MCH Hotline staff. The Title V MCH Hotline continues serving children and their parents and caretakers by providing information and referral services statewide. Thus, the Title V program continues its proven outreach activities that lead to increased enrollment.

2. Covering Kids and Families Coalition—Enabling Services—Children, including CSHCN

The Title V role in co-chairing the Wisconsin CKF grant has diminished in 2004. We attended some meetings in 2004, in order to keep our membership active in this key grant initiative. Even though Wisconsin's state fiscal situation is tight as it is in the other states, the new administration of Governor Doyle has pledged its support to continuing the "whole family" BadgerCare CHIP program.

3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN

Our initiative to increase federal funding for MCH and CSHCN services has seen marked progress in 2004. The Doyle administration, seeking to maximize federal dollars for Medicaid because of the state budget deficit, has included a provision to allow MAC reimbursements to counties for Medicaid outreach and related activities. If enacted, this could significantly benefit county-based health departments who perform these activities. We hope to gain DHFS Secretary Helene Nelson's approval to move forward with a companion federal regulation to reimburse MCH and CSHCN services via the "Title V rule." In a related development, the Secretary has shown interest in prevention activities that have cost-containment potential.

c) 2005 Plan/Application

In Wisconsin, we have reached an envious goal in assuring health care access for the state's children. In part through the implementation of the "whole family" Children's Health Insurance Program we have reached 97% coverage of the state's children; an accomplishment recently announced in a press release from Secretary Nelson.

However, in part because of that accomplishment, it is likely that less of a leadership effort in outreach activities will occur in 2005. From a planning and policy perspective, however, we hope to pursue MA Administrative Claiming with the Department administration.

NPM #14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a) Report of 2003 Major Activities

1. HealthCheck Outreach—Population-Based Services—Children

In 2003, our major activity to promote Medicaid children receiving HealthCheck was general technical assistance. HealthCheck is Wisconsin's marketing name for the EPSDT program. It promotes an array of optimal screenings for children in order to prevent a number of health conditions. Thus, it is the most logical measure of the percentage of Medicaid-eligible children who have received a service paid by the Medicaid program.

The Title V Program has contributed to increasing the number of Medicaid-enrolled children in several ways. We continue to lend support to various conferences that support public health and managed care collaboration regarding HealthCheck outreach. The HealthCheck screening program is widely considered a proxy for preventive health, and for "getting children into the system". Thus, promotion of this key program will likely translate to greater numbers of children receiving Medicaid services in the future. From a "macro" perspective, our continuing involvement with CKF, a Robert Wood Johnson grant, facilitates this process. As more children become enrolled in Medicaid, their names are entered into "outreach lists." Medicaid managed care firms then have a financial incentive to reach these children, and render appropriate services to them.

In years prior to last year, in cooperation with the Medicaid program, we had held Medicaid-sponsored conference for three consecutive years, starting in 2000. Each year, it has drawn from 125 to more than 200 participants, mainly from LPHDs and managed care firms. Managed care firms are charged with completing a certain percentage of HealthCheck screenings in their Medicaid managed care populations, or they are subject to financial penalties. Because of these incentives, managed care firms themselves have reason to perform their own outreach to ensure that children not only are enrolled, but receive optimal care.

These conferences come amid a trend of lowered percentages of Medicaid children who are enrolled in managed care programs. In 1998, 81.2% of Medicaid children were enrolled in managed care, whereas only about 72% were enrolled to receive managed care treatment in 2002. LPHDs again, have the opportunity to offer HealthCheck screenings for this growing non-managed care population. This would potentially offer health departments another source of revenue, as well as an opportunity to assure children's health.

b) Current 2004 Activities

1. HealthCheck Outreach—Population-Based Services—Children

In 2004, we continue to monitor the HealthCheck program's performance, and provide statewide technical assistance regarding the program. Regarding the former, we continued to monitor the Medicaid contract between the state's Medicaid program and its Medicaid HMOs. The contract that began in May 2004, is an agreement between 13 HMOs, down from 18 during the advent of the statewide Medicaid managed care rollout in the mid-1990s.

Moreover, the percentage of Medicaid children receiving services has likewise declined, from 81.2% in 1998 to near 70% in 2004. This trend is likely to continue in 2004. Two relatively populous counties near the capital of

Madison (Iowa and Columbia counties) have converted to a fee-for-service delivery system, which affects HealthCheck because only managed care firms have a financial incentive to perform HealthCheck. Conversely, the fee-for-service status of Iowa and Columbia presents a revenue-producing opportunity for LPHDs, which have performed HealthCheck screenings in the past.

c) 2005 Plan/Application

1. HealthCheck Outreach—Population-Based Services—Children

In 2005, we may apply for BC/BS asset conversion funds to execute a planning grant that will explore the opportunities for public health departments to serve the growing percentage of Medicaid children in fee-for-service Medicaid. Wisconsin's two Medical Schools have released their requests for proposals in spring 2004. The University of Wisconsin Medical school and the Medical College of Wisconsin will offer funding for planning grants of up to \$25,000 for one year. Such grants would fund a conference that could explore the need for HealthCheck screening in the fee-for-service environment, as well as the feasibility of LPHDs to become a major provider for such services. Prior to the advent of managed care in the Medicaid system, health departments were major providers of HealthCheck screenings, but their status became marginalized when managed care providers assumed the family Medicaid patient base.

The recent additions of Iowa and Columbia counties as Medicaid fee-for-service-only presents opportunities for these counties to apply for planning grants themselves.

NPM #15: The percent of very low birth weight infants among all live births.

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5.

VLBW is directly related to morbidity and mortality in the perinatal period. Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

a) Report of 2003 Major Activities

1. Title V MCH/CSHCN Program Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. Preliminary data from SPHERE shows that women receiving MCH-funded prenatal and postpartum services had no very low birth weight infants. However, because of the late start-up of SPHERE, the numbers may be under reported.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support and services, health and nutrition education, and referral to community services as needed. In State Fiscal Year 2003, 8,371 women received PNCC services from 133 providers.

The Title V MCH/CSHCN Program staff collaborated with DHCF to draft a revised PNCC initial assessment tool to determine program eligibility and identify strengths and needs. Input was gathered from PNCC providers, Public Health regional consultants, WIC/PNCC workgroup members, Medicaid Quality Group members, Chief Medical Officers for MCH and Medicaid, and the Minority Health Officer. A revised Pregnancy Questionnaire was drafted that is more user-friendly with a strength-based approach, fewer questions, options for more in-depth questions at a later time, and a simplified process for determining program eligibility. The revised questionnaire also allows for enhanced data collection in SPHERE.

Title V WIC and PNCC staff collaborated on a WIC Special Projects Concept Paper to increase the number of women receiving both WIC and PNCC services. Objectives include: 1) data analysis, 2) identify barriers to WIC/PNCC participation, 3) identify service delivery models that support dual participation, and 4) submit a full grant application.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

WAPC promoted preconception care through the Becoming a Parent materials. Routine screening of pregnant and postpartum women for depression was also promoted.

6. Oral Health—Population-Based Services—Pregnant women, mothers, infants

We began to educate providers about the increased risk of preterm births from periodontal disease.

b) Current 2004 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers and infants

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, and infants

Title V MCH/CSHCN staff collaborated with DHCF to provide regional Case Management Training Sessions. The educational sessions were held in five areas of the state and received positive evaluations. The agenda included: 1) an overview of case management programs in Medicaid, 2) data collection in SPHERE, 3) implementing services, 4) strengthening PNCC services, 5) strengthening targeted case management services, and 6) billing. The Divisions are also working together to explore incentives for healthy birth outcomes.

A pilot project is underway to test the revised Pregnancy Questionnaire for the PNCC program. Sixteen pilot sites were recruited and oriented to the revised assessment tool and process for determining eligibility for PNCC, additional assessments that may be indicated, and evaluation of the pilot. Approximately 100 women will be assessed using both the current and the revised Pregnancy Questionnaire and risk assessment scores will be compared. Pilot sites will provide feedback on questions to add, delete or change. Suggestions will be incorporated into a final version of the assessment and statewide implementation will follow.

Funding for the WIC Special Projects Concept Paper supported additional data analysis and a provider survey. We updated information on the number of women receiving both WIC and PNCC services by county. We also looked at low-birthweight births by selected characteristics of the mother by receipt of WIC, Medicaid, and PNCC services during pregnancy for singleton births in Wisconsin, 2001: 6.5% both WIC and PNCC; 6.2% WIC but no PNCC; 8% PNCC services but no WIC; 9.9% Medicaid but no WIC or PNCC. The survey was completed by a sample of 13 WIC providers and 17 PNCC providers from 14 service areas. Survey respondents were asked to indicate how their agencies provided WIC and PNCC services by choosing from a series of statements that depicted a range of coordination. Further analysis will identify strategies and service delivery models that support dual participation in WIC and PNCC programs.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, and infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, and infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, and infants

Preconception materials continue to be promoted. WAPC and the Perinatal Foundation will sponsor a regional conference series on Perinatal Mood Disorders.

c) 2005 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

Decreasing the number of very low birth weight babies will continue to be a priority for Wisconsin as it is a major contributor to infant mortality and disparities among racial and ethnic populations. Title V program funds will continue to be provided to local agencies to provide services supporting maternal health including family planning services, WIC, care coordination, early entry into prenatal care, smoking cessation support, and referral to needed services.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to work with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

Preconception care and screening for perinatal depression will continue to be important activities and warrant ongoing support.

NPM #16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

a) Report of 2003 Major Activities

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

LPHDs provide comprehensive primary health exams using *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth were conducted and appropriate referral and education were provided. The Milwaukee Adolescent Health Program (MAHP)-Medical College of Wisconsin provided clinical services to thousands of adolescents. The Adolescent School Health Program (ASHP) at the Milwaukee Health Department provided depression screening and appropriate education and referral.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

Numerous presentations, workshops, and displays were conducted at a variety of conferences (e.g. Children Come First, School Counselors Association, EMSC & Injury Prevention, Crisis Conference, etc.). DPI, one of SPI partners, worked with others to develop "A Resource and Planning Guide for Suicide Prevention" and training modules (see www.dpi.state.wi.us). Another partner, Helping Others Prevent and Educate about Suicide (HOPES), held the first annual Suicide Prevention Conference "Changing Minds, Saving Lives".

3. Suicide Prevention Initiative—Infrastructure Building Services—Adolescents

Wisconsin reapplied for a PHPS to work on suicide and other injury prevention outcome methods. SPI continued its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy.

b) Current 2004 Activities

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

LPHDs (and others, e.g. MAHP) continue to provide comprehensive primary health exams using "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents." Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth are being conducted and appropriate education and referral are provided. ASHP utilizes the Children's Depression Inventory (CDI) tool and for screening pregnant and/or postpartum school-aged females utilizes the Center for Epidemiologic Studies-Depression (CESD) tool.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

As in 2003, numerous presentations, workshops, and displays are being conducted and are scheduled for throughout 2004 at a variety of conferences. Mental Health Association in Milwaukee County (MHA), one of SPIs partners, is funding one-time only mini-grants for implementing or expanding suicide prevention activities in Wisconsin schools in collaboration with community partners. Other SPI partners, DPI and HOPES, continue to provide training on suicide prevention.

3. Suicide Prevention Initiative—Infrastructure Building Services—Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy. Two partners, MHA and HOPES, will take the lead in applying for grant funding to support this work. A variety of information sharing materials have been prepared: Wisconsin Interactive Statistics on Health (WISH) Query System Module focusing on suicide deaths and hospitalizations, updated Suicide Fact Sheet and a Suicide Report, and maps of suicide deaths and hospitalizations by county. The publishing of a new WISH Emergency Department (ED) Module to allow users to obtain ED-related suicide data is in process.

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing. Mental Health and Mental Disorders are one of the 11 Health Priorities.

c) 2005 Plan/Application

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

LPHDs and others (e.g. the MAHP and ASHP) will continue to provide comprehensive primary health care utilizing anticipatory guidance on mental health issues. Risk assessments of depression for youth will continue and appropriate referral and education will be provided.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

SPI partners and others will continue to provide training, presentations, workshops, and displays.

3. Suicide Prevention Initiative—Infrastructure Building Services—Adolescents

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing and will continue.

NPM #17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care.

Research identifies the following outcomes:

- There is higher mortality of infants born at less than 2,000 grams in a hospital without an NICU (Cifuentes, et al., 2002)

- Maternal (vs. postnatal) transfer guarantee a significant better neonatal outcome concerning severe neonatal morbidity (Hohlagschwandtner, et al, 2001)

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

a) Report of 2003 Major Activities

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

WAPC hosted a meeting on perinatal regionalization to determine opportunities to further improve perinatal outcomes in Wisconsin. Participants considered the following questions: What are the levels of care in Wisconsin and should they be different: Are there too many NICUs? How do we determine the need for new services or for expanding existing services?

b) Current 2004 Activities

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

The WAPC Tertiary Care Committee is considering suggestions identified at the Perinatal Regionalization Meeting to develop a position statement on regionalization that would redefine the levels of care, identify the outcomes by which all NICUs should be measured, and examine the adequacy of the perinatal workforce.

c) 2005 Plan/Application

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin as more hospitals self designate themselves as Perinatal Centers. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.

NPM #18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. Early entry into prenatal care is associated with improved perinatal outcomes. All of the activities identified below focus on improving key perinatal indicators, including early entry into prenatal care.

a) Report of 2003 Major Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. For women receiving MCH funded services and represented in SPHERE, 80% (373/466) began prenatal care in the 1st trimester; 16.5% (77/466) in the 2nd trimester; 3% (14/466) in the 3rd trimester; and 0.4% (2/466) received no

prenatal care. MCH services were initiated in the 1st trimester for 59.4% (281/473) of participants. Pregnancy intention may influence initiation of care. For 60.6% (128/211) of women receiving MCH funded services, pregnancy was unintended.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

Healthy Babies in Wisconsin: A Call to Action was held in central Wisconsin on July 15, 2003. This statewide summit brought together 240 public health professionals, consumers, health care providers, managed care providers, and representatives from community-based organizations to identify new approaches to improve perinatal outcomes and address disparities. National speakers highlighted promising models and key points:

- A life course perspective which explains racial and ethnic disparities in birth outcomes as the consequences of disadvantages and inequities carried over a lifetime of differential exposures.
- The Perinatal Periods of Risk Model that helps communities identify priority needs and interventions to decrease fetal and infant deaths.
- The role of stress and infections in prematurity.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in a national Healthy Start meeting, local Healthy Start Consortia meetings and the Families Helping Families Gathering. In addition, there was active participation in the Milwaukee FIMR project and a Prenatal Care Coordination inservice with GLITC. Staff from the Milwaukee Healthy Beginnings Project with the Black Health Coalition and the HOC Project with GLITC served on the planning committee for the Healthy Babies in Wisconsin summit.

b) Current 2004 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

See NPM #15

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants, children, including CSHCN

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

At the Healthy Babies summit, Action Teams formed to support ongoing activities. Five regional teams are meeting to increase collaboration with community partners and plan strategies to improve the health of mothers and babies in Wisconsin. In addition, the statewide action team addressing Racial and Ethnic Disparities in

Birth Outcomes was held on May 10, 2004 with 160 participants. Plans are underway for a Native American Action Team.

Follow-up activities are being implemented to increase awareness of adverse pregnancy outcomes and disparities. Examples include:

- A summary of the plenary sessions was published in the Wisconsin Medical Journal and can be accessed at <http://www.wisconsinmedicalsociety.org/uploads/wmj/ACF22E.pdf>.
- Videos, PowerPoint presentations and reports from the summit are posted on the Health Alert Network at www.han.wisc.edu.
- Presentations on prematurity were provided at several Milwaukee sessions by national speaker, Karla Damus, RN, PhD.
- Keynote speaker, Michael Lu, MD, MPH provided follow-up presentations on a life course perspective of racial and ethnic disparities in birth outcomes.
- Medical College of Wisconsin incorporated infant mortality and disparity information in a program for students.

The Healthy Babies Steering Committee identified the following priorities: 1) Increase awareness of infant mortality and disparities in birth outcomes, 2) Identify evidence-based strategies to improve perinatal outcomes and address racial/ethnic disparities, and 3) Provide support for the Action Teams.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

Title V participation continues at national and local Healthy Start Meetings. Representatives from the Milwaukee Healthy Beginnings Project and the HOC Project serve on the Steering Committee for the Healthy Babies initiative. The Milwaukee Healthy Start Project joined the Title V Program to co-sponsor a Statewide Action Team Meeting on Racial and Ethnic Disparities in Birth Outcomes on May 10, 2004.

c) 2005 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

See NPM #15

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with five regional action teams and two teams focused on racial and ethnic groups. Grant funding opportunities will be explored with the Wisconsin Partnership Fund for a Healthy Future at the University of Wisconsin Medical School.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Healthy Start programs with the Milwaukee Healthy Beginnings Project and the Honoring Our Children with a Healthy Start Project. An important partnership will revolve around ongoing activities related to the Healthy Babies in Wisconsin initiative.